



DELAWARE DIVISION OF SUBSTANCE ABUSE
AND MENTAL HEALTH

CONSUMER REPORTING FORM
DISCHARGE REPORT

PAGE 1 OF 2

LAST NAME _____

FIRST NAME _____ M.I. _____

MODALITY [] MH MENTAL HEALTH
(SELECT [] AD ALCOHOL AND DRUG
ONLY ONE) [] DU Co-Occurring(MH & AD)
[] GA GAMBLING

TREATMENT
UNIT NAME _____

STREET _____

TREATMENT
UNIT ID # _____

CITY _____ STATE _____

ZIP _____ COUNTY _____

HOME TELEPHONE (____) _____ - _____

MCI# _____

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DSAMH ADMISSION DATE									
		/			/				

0	0	0							
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MARITAL STATUS [] M MARRIED [] S SINGLE [] D DIVORCED [] X SEPARATED [] W WIDOWED [] U UNKNOWN	EDUCATION WRITE IN HIGHEST GRADE COMPLETED <table border="1"><tr><td></td><td></td></tr></table> 01-12 ELEMENTARY/HIGH SCHOOL 13-16 COLLEGE/ POST SECONDARY 17 MASTERS 18 PHD/MD 19 POST DOCTORAL 96 NEVER COMPLETED ANY GRADE HIGHER THAN PRE-SCHOOL OR KINDERGARTEN 97 UNKNOWN				CONSUMER'S PRIMARY SOURCE OF INCOME [] SS SOCIAL SECURITY [] SI SSI [] SD SSDI [] VD VA - DISABILITY [] VR VA - RETIREMENT [] UI UNEMPLOYMENT INSURANCE [] IL ILLEGAL [] E EMPLOYMENT [] S SPOUSE [] F FAMILY/FRIENDS [] A TANF [] G GENERAL ASSISTANCE [] P PENSION/RETIREMENT (IRA, KEOGH, SEP) [] W WORKERS' COMPENSATION [] D PRIVATE DISABILITY INSURANCE [] I INVESTMENTS/SAVINGS [] O OTHER [] N NONE [] U UNKNOWN																
RESIDENTIAL ARRANGEMENT [] PU PRIVATE RESIDENCE - UNSUPERVISED [] PS PRIVATE RESIDENCE - SUPERVISED [] FC ADULT FOSTER CARE [] BH BOARDING HOUSE [] GU GROUP SETTING/ UNSUPERVISED [] GS GROUP SETTING/ SUPERVISED [] NH NURSING HOME/ ICF/SNF [] CJ CORRECTIONS FACILITY/JAIL [] I OTHER INSTITUTION [] O OTHER [] N NONE/HOMELESS [] U UNKNOWN	SKILLS TRAINING PARTICIPATION [] C CURRENT INVOLVEMENT [] N NONE [] F FINISHED DURING TREATMENT [] D DROPPED OUT DURING TREATMENT [] U UNKNOWN	SCHOOL PARTICIPATION [] C CURRENT INVOLVEMENT [] N NONE [] F FINISHED DURING TREATMENT [] D DROPPED OUT DURING TREATMENT [] U UNKNOWN	CONSUMER'S GROSS INCOME PER YEAR \$ _____ NUMBER DEPENDENT ON CONSUMER'S INCOME WRITE IN NUMBER (01 - 20) <table border="1"><tr><td></td><td></td></tr></table> 97 UNKNOWN																		
HOMELESS AT ANY TIME DURING PAST 30 DAYS? [] Y YES [] N NO [] U UNKNOWN	PRIMARY EMPLOYMENT (DURING PAST 30 DAYS) [] F FULL TIME [] P PART TIME [] M MILITARY ARMED FORCES [] L UNEMPLOYED - LOOKING FOR WORK [] N UNEMPLOYED - NOT LOOKING [] D DISABLED/UNABLE TO WORK [] H HOME MAKER [] S STUDENT [] R RETIRED [] I INMATE/RESIDENT OF INSTITUTION [] V VOLUNTEER [] O OTHER [] U UNKNOWN	SECONDARY EMPLOYMENT (DURING PAST 30 DAYS) [] P PART TIME [] M MILITARY [] S STUDENT [] V VOLUNTEER [] O OTHER [] N NONE [] U UNKNOWN VETERAN STATUS [] Y YES [] N NO [] U UNKNOWN	SUBSTANCE ABUSE - DESIGNATED CODES ONLY DSM IV DIAGNOSIS AXIS 1: CLINICAL DISORDERS CODE <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> CODE <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> CODE <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> SEE DSM IV MANUAL																		
PRI. HEALTH INSURANCE [] M MEDICARE [] A MEDICAID [] E MEDICAID MCO [] C CHAMPUS [] B BLUE CROSS/ BLUE SHIELD [] V VA [] H HMO [] G OTHER GOVERNMENT FUNDS FOR CARE [] P OTHER PRIVATE COMMERCIAL [] O OTHER [] N NONE [] U UNKNOWN	CURRENT LEGAL INVOLVEMENT [] CP CHARGES PENDING [] SP CONVICTED - SENTENCE PENDING [] UP SENTENCED - UNSUPERVISED PROBATION (SENTAC I) [] FS SENTENCED - FIELD SUPERVISION (SENTAC II) [] IS SENTENCED - INTENSE SUPERVISION (SENTAC III) [] QI SENTENCED - QUASI-INCARCERATION (SENTAC IV) [] CJ SENTENCED - PRISON/CORRECTIONS/JAIL (SENTAC V) [] HX HISTORY OF LEGAL INVOLVEMENT BUT NOT CURRENT [] N NO CURRENT INVOLVEMENT OR HISTORY [] U UNKNOWN		NUMBER OF ARRESTS 30 DAYS PRIOR TO DISCHARGE <table border="1"><tr><td></td><td></td></tr></table>																		

DSAMH CONSUMER REPORTING FORM -
DISCHARGE REPORT PAGE 2 OF 2

DATE OF LAST SERVICE							
		/			/		

DISCHARGE DATE							
		/			/		

TREATMENT
UNIT ID #

MCI #

<p>CURRENTLY PREGNANT</p> <p><input type="checkbox"/> Y YES</p> <p><input type="checkbox"/> N NO</p> <p><input type="checkbox"/> U UNKNOWN</p>		<p>INJECTION DRUG USE EVER</p> <p><input type="checkbox"/> Y YES</p> <p><input type="checkbox"/> N NO</p> <p><input type="checkbox"/> U UNKNOWN</p>		<p>ALERT INFORMATION - (S = SELF REPORT, C = CLINICIAN REPORT) - MARK ALL THAT APPLY, BUT ONLY ONE PER ITEM</p> <p>S <input type="checkbox"/> C <input type="checkbox"/> TB ACTIVE</p> <p>S <input type="checkbox"/> C <input type="checkbox"/> TB HISTORY</p> <p>S <input type="checkbox"/> C <input type="checkbox"/> HISTORY OF SUBSTANCE ABUSE</p> <p>S <input type="checkbox"/> C <input type="checkbox"/> HISTORY OF MENTAL ILLNESS</p> <p>S <input type="checkbox"/> C <input type="checkbox"/> PSYCHIATRIC DISABILITY</p> <p>S <input type="checkbox"/> C <input type="checkbox"/> NONE</p>		<p>DISCHARGE REASON</p> <p><input type="checkbox"/> G PROGRAM COMPLETED HERE - ALL GOALS</p> <p><input type="checkbox"/> S PROGRAM COMPLETED HERE - SOME GOALS</p> <p><input type="checkbox"/> E ELIGIBILITY LAPSED</p> <p><input type="checkbox"/> D CONSUMER DIED</p> <p><input type="checkbox"/> F FAILED TO MEET CRITERIA</p> <p><input type="checkbox"/> A ADMIN. DISCONTINUATION/ LOST CONTACT</p> <p><input type="checkbox"/> C CORRECTION/JAIL</p> <p><input type="checkbox"/> R REFUSED SERVICE</p> <p><input type="checkbox"/> T TX CONT. OTHER PROGRAM</p> <p><input type="checkbox"/> O OTHER</p> <p><input type="checkbox"/> U UNKNOWN</p> <p>FUNCTIONING IMPROVED</p> <p><input type="checkbox"/> Y Yes <input type="checkbox"/> U UNKNOWN</p> <p><input type="checkbox"/> N No</p> <p>DRUG DEPENDENCE REDUCED</p> <p><input type="checkbox"/> Y Yes <input type="checkbox"/> U UNKNOWN</p> <p><input type="checkbox"/> N No</p> <p><input type="checkbox"/> X NOT APPLICABLE</p> <p>PRIMARY DESTIN./AGENCY CODE</p> <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> <p><input type="checkbox"/> T TRANSFERRED</p> <p><input type="checkbox"/> R REFERRED</p> <p><input type="checkbox"/> A ADVISED FURTHER SERVICE</p> <p><input type="checkbox"/> N NO MORE SERVICES ADVISED</p> <p><input type="checkbox"/> U UNKNOWN</p> <p>SECOND. DESTIN./AGENCY CODE</p> <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> <p><input type="checkbox"/> T TRANSFERRED</p> <p><input type="checkbox"/> R REFERRED</p> <p><input type="checkbox"/> A ADVISED FURTHER SERVICE</p> <p><input type="checkbox"/> N NO MORE SERVICES ADVISED</p> <p><input type="checkbox"/> U UNKNOWN</p> <p>TERTIARY DESTIN./AGENCY CODE</p> <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> <p><input type="checkbox"/> T TRANSFERRED</p> <p><input type="checkbox"/> R REFERRED</p> <p><input type="checkbox"/> A ADVISED FURTHER SERVICE</p> <p><input type="checkbox"/> N NO MORE SERVICES ADVISED</p> <p><input type="checkbox"/> U UNKNOWN</p>																											
<p>ALCOHOL & DRUG USE MATRIX</p>		<p>PRIMARY</p>		<p>SECONDARY</p>		<p>TERTIARY</p>		<p>FREQUENCY OF USE</p>																									
<p>SUBSTANCE TYPE</p>								<p>N NO USE IN PAST MONTH</p> <p>I INFREQUENT (1-3 TIMES PAST MONTH)</p> <p>O OFTEN (1-2 TIMES PER WEEK)</p> <p>F FREQUENTLY (3-6 TIMES PER WEEK)</p> <p>D DAILY</p> <p>M MORE THAN TWICE DAILY</p> <p>U UNKNOWN</p>																									
<p>FREQUENCY OF USE</p>																																	
<p>ROUTE OF ADMINISTRATION</p>																																	
<p>AGE OF FIRST USE</p>																																	
<p>SUBSTANCE TYPE CODES TO USE IN BOX ABOVE</p> <table><tr><td>AL ALCOHOL</td><td>MD NON-PRESCRIPTION METHADONE</td><td>LS LSD</td></tr><tr><td>CO COCAINE</td><td>BA BARBITURATES</td><td>HA OTHER HALLUCINOGENS</td></tr><tr><td>CR CRACK</td><td>SE OTHER SEDATIVES OR HYPNOTICS</td><td>IN INHALANTS</td></tr><tr><td>ME METHAMPHETAMINE</td><td>BE BENZODIAZEPINE</td><td>ST STEROIDS</td></tr><tr><td>AM OTHER AMPHETAMINES</td><td>TR MAJOR TRANQUILIZERS</td><td>OC OVER-THE-COUNTER DRUGS</td></tr><tr><td>OS OTHER STIMULANTS</td><td>CS COUGH SYRUPS AND MIXTURES</td><td>O OTHER</td></tr><tr><td>HE HEROIN</td><td>MA MARIJUANA/HASHISH</td><td>N NONE</td></tr><tr><td>OP OTHER OPIATES & SYNTHETICS</td><td>PC PCP</td><td>U UNKNOWN</td></tr></table>						AL ALCOHOL	MD NON-PRESCRIPTION METHADONE	LS LSD	CO COCAINE	BA BARBITURATES	HA OTHER HALLUCINOGENS	CR CRACK	SE OTHER SEDATIVES OR HYPNOTICS	IN INHALANTS	ME METHAMPHETAMINE	BE BENZODIAZEPINE	ST STEROIDS	AM OTHER AMPHETAMINES	TR MAJOR TRANQUILIZERS	OC OVER-THE-COUNTER DRUGS	OS OTHER STIMULANTS	CS COUGH SYRUPS AND MIXTURES	O OTHER	HE HEROIN	MA MARIJUANA/HASHISH	N NONE	OP OTHER OPIATES & SYNTHETICS	PC PCP	U UNKNOWN	<p>ROUTE OF ADMINISTRATION</p> <p>M BY MOUTH (SWALLOW)</p> <p>S SMOKE</p> <p>B BREATHE/INHALE/SNORT</p> <p>V INTRAVENOUS</p> <p>I OTHER INJECTION</p> <p>O OTHER</p> <p>N NONE</p> <p>U UNKNOWN</p>			
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						<p>SOCIAL SUPPORT/CONNECTEDNESS (SUPPORT GROUPS - NA, AA, ETC.)</p> <p><input type="checkbox"/> Y YES</p> <p><input type="checkbox"/> N NO</p> <p><input type="checkbox"/> U UNKNOWN</p>																											

PRIMARY THERAPIST

ID						
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PERSON COMPLETING FORM

ID						
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DATE OF COMPLETION

		/			/		
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